Addendum K HCSR Special Processing Code Hierarchy

Priority	SPC	Description
1	1	Medicaid
2	T	Medicare/*TRICARE* Dual Entitlement (Normal COB Processing)
3	R	Medicare/*TRICARE* Dual Entitlement
4	U	Medicare pharmacy (Section 702) claim
5	E	HHC-CM Demonstration
6	6	Home Health Care (Non-Institutional Only)
7	L	Chiropractic Care Demonstration
8	M	Health Care Finder & Participating Provider Program
9	A	Partnership Program (Internal provider with signed agreement)
10	B	Partnership Program (External provider with signed agreement)
11	C	Partnership Program (External provider without a Signed Agreement who assisted or provided ancillary support)
12	!	Northern Region Coordinated Care
13	@	Active Duty Cost Share Ambulatory Surgery taken From Professional Claim
14	?	Ambulatory Surgery Facility Charge
15	9	Fort Drum Cooperative Medical Care
16	K	Georgia/Florida PPO
17	8	Contracted Provider Arrangement (only valid for Mid-Atlantic Region)
18	2	Cooperative Care
19	N	*TRICARE* Select
20	ST	Specialized Treatment
21	3	Allogeneic Bone Marrow Recipient (Wilford Hall referred only)
22	5	Liver Transplant
23	7	Heart Transplant

Priority	SPC	Description
24	D	DRG Qualifying for Interim Payment (Institutional Only)
25	O	Charleston Naval Hospital CAMCHAS Services
26	F	Reynolds Army Community Hospital (Fort Sill, OK)
27	G	Evans Army Community Hospital (Fort Carson, CO)
28	H	Charleston Naval Hospital Catchment Area
29	I	Bergstrom AFB Catchment Area
30	J	Luke/Williams AFB Catchment Area
31	Q	Active Duty Delayed Deductible
32	S	Resource sharing
33	V	At-risk payment by at-risk claims processor
34	W	Not-At-Risk payment by at-risk claims processor
35	&	Bone Marrow Transplants - *TSO* approved
36	Y	Heart-Lung Transplant
37	Z	Liver-Kidney Transplant
38	$	Capitated arrangements
39	X	Providers not contracted with or employed by the partial hospitalization program billing for psychotherapy services in a partial hospitalization program (excludes demonstrations)
40	%	Abused *Family Member*
41	*	VA Medical Center Claim
42	#	Hospice
43	0	Hospice Non-Affiliated Providers
44	MH	Mental Health
45	BD	Bosnia Deductible - 12/8/95
46	AD	Active Duty Claims
47	WR	*Mental Health Wraparound Demonstration*

NOTE:

Because the HCSR can accommodate up to three Special Processing Codes (SPCs) on a single record, multiple codes shall be reported on HCSRs. If more than one code is applicable for a given claim, all codes (up to three) shall be reported on the HCSR.

Element Name: **Reason for Adjustment (1-195)**

Validity Edits

1-195-01   VALUE MUST BE A - F **OR** BLANK.

Relational Edits

Related to Element	Edited Element Relationship	Also Relates to Element(s)
TYPE OF SUBMISSION	SEE BELOW	

Edited Element Relationship

1-195-02R   IF TYPE OF SUBMISSION = A, B, **OR** F
                  REASON FOR ADJUSTMENT MUST = A - F.

              IF TYPE OF SUBMISSION = D, I, R, **OR** O
                  REASON FOR ADJUSTMENT MUST = SPACE.

              IF TYPE OF SUBMISSION = C **OR** E
                  REASON FOR ADJUSTMENT MUST = D - F.

              IF TYPE OF SUBMISSION = G
                  REASON FOR ADJUSTMENT MUST = A.

Element Name: **Special Processing Code (1-197)**

Validity Edits

1-197-01,	OCCURRENCE NUMBER 1
1-197-02,	OCCURRENCE NUMBER 2
1-197-03	OCCURRENCE NUMBER 3
	VALUE MUST BE IN RANGE 1 - 5, 7 - 9, BLANK, B, D THROUGH O, Q THROUGH Z, !, @, #, $ &, %, ?, PO, *, MH, BD, OR AD, *, ST, **OR** WR.
1-197-04	A VALUE CANNOT BE CODED MORE THAN ONCE (EXCEPT BLANK).

Relational Edits

	Related to Element	**Edited Element Relationship**	**Also Relates to Element(s)**
	NAS EXCEPTION REASON	SEE BELOW	PATIENT ZIP CODE
	FI/CONTRACTOR NUMBER	SEE BELOW	
1-100-05R	PATIENT ZIP CODE		
	PRINCIPAL/SECONDARY OP/NSP	SEE BELOW	
	SPONSOR STATUS	SEE BELOW	
	SPONSOR BRANCH OF SERVICE	SEE BELOW	
	PROGRAM INDICATOR	SEE BELOW	
	SPECIAL PROCESSING CODE (OCCURRENCES)	SEE BELOW	
	SPECIAL RATE CODE	SEE BELOW	FREQUENCY CODE
	FILING DATE	SEE BELOW	
	PROVIDER STATE **OR** COUNTRY	SEE BELOW	
	BEGIN DATE OF CARE	SEE BELOW	
	DENIAL REASON CODE	SEE BELOW	
	PATIENT RELATIONSHIP TO SPONSOR	SEE BELOW	

Edited Element Relationship

1-197-05R   IF NAS EXCEPTION REASON = 9 (DEMONSTRATION PROJECTS)

AT LEAST ONE SPECIAL
PROCESSING CODE MUST

3	BONE MARROW RECIPIENT - WILFORD HALL REFERRED ONLY
4	BONE MARROW DONOR - WILFORD HALL REFERRED ONLY
9	FORT DRUM COOPERATIVE MEDICAL CARE
E	HHC/CM

IF NAS EXCEPTION REASON = 8 HEART/LIVER TRANSPLANT

AT LEAST ONE SPECIAL
PROCESSING CODE MUST

5	LIVER TRANSPLANT
7	HEART TRANSPLANT

IF NAS EXCEPTION REASON = 6 (PARTNERSHIPS)

AT LEAST ONE SPECIAL
PROCESSING CODE

B	PARTNERSHIP PROGRAM. (EXTERNAL WITH SIGNED AGREEMENTS)

IF NAS EXCEPTION REASON =L (HOSPICE)

AT LEAST ONE SPECIAL
PROCESSING CODE MUST =

#	HOSPICE

Element Name: **Special Processing Code (1-197) (Continued)**

	ENROLLMENT STATUS MUST BE	W	ACTIVE DUTY - USA
		X	ACTIVE DUTY - EUROPE
1-197-19R	IF ANY OCCURRENCE OF		
	SPECIAL PROCESSING CODE =	AD	ACTIVE DUTY
	PATIENT RELATIONSHIP TO		
	SPONSOR MUST BE =	Ø	SPONSOR
	AND SPONSOR STATUS MUST =	A	ACTIVE DUTY
		B	RECALLED TO ACTIVE DUTY
		J	ACADEMY STUDENT/NAVY OCS
		N	NATIONAL GUARD
		Q	PRISONER/APPELLATE
		V	RESERVE
		T	FOREIGN MILITARY (NATO)

1-197-20R   *IF ONE OCCURRENCE OF SPECIAL PROCESSING CODE = 'WR'* ▌

   FI/CONTRACTOR NUMBER MUST = 07 (REGIONS 7 AND 8) ▌

Element Name: **Special Rate Code (1-198)**

Validity Edits

1-198-01   VALUE MUST = BLANK, A - T

Relational Edits

Related to Element	Edited Element Relationship	Also Relates to Element(s)
FILING STATE	SEE BELOW	
DRG NUMBER	SEE BELOW	
DATE OF ADMISSION	SEE BELOW	
SPECIAL PROCESSING CODE	SEE BELOW	
PROGRAM INDICATOR	SEE BELOW	
OVERRIDE CODE	SEE BELOW	

Edited Element Relationship

1-198-02R   IF FILING STATE = 34 (NEW JERSEY)
       SPECIAL RATE CODE MUST = A, B, C, D, E, F, P, K, L, **OR** BLANK.

       IF FILING STATE NOT = 34 (NEW JERSEY)
       SPECIAL RATE CODE CANNOT = A, B, C, E, F.

       IF FILING STATE = 24 (MARYLAND)
       SPECIAL RATE CODE CANNOT = A, B, C, E, F, G, H, I, J, M, N, O, **OR** Q.

1-198-03R   IF DRG NUMBER IS CODED (OTHER THAN ZERO)
       SPECIAL RATE CODE MUST = G, H, I, J, M, N, O, **OR** Q.

1-198-04R   IF SPECIAL PROCESSING CODE = D (DRG QUALIFYING FOR INTERIM PAYMENT)
       SPECIAL RATE CODE MUST = G, I, J, M, OR O.

1-198-05R   IF DATE OF ADMISSION IS < 1/1/89
       SPECIAL RATE CODE MUST NOT = K **OR** L.

1-198-06R   IF PROGRAM INDICATOR = H (PF*PWD*)
       SPECIAL RATE CODE MUST NOT = G, H, I, J, M, N, O, **OR** Q.

1-198-07R   IF ANY OCCURRENCE OF   T   MHPD RECALCULATION OF RATES, NO COST-SHARE
       OVERRIDE CODE   APPLIED

       SPECIAL RATE CODE MUST = K **OR** L

1-198-08R   **WHEN** THE SPECIAL RATE CODE IS 'A' **OR** 'B' **OR** 'C' **OR** 'E' **OR** 'F'

       THEN THE END DATE OF CARE MUST BE LESS THAN 19890101.

1-198-09R   IF SPECIAL PROCESSING CODE = '#' (HOSPICE) SPECIAL RATE CODE MUST = P

       UNLESS TYPE OF SUBMISSION = D (COMPLETE FI/CONTRACTOR DENIAL).

V.   NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 200-299)

Element Name: **Reason for Adjustment (2-200)**

Validity Edits

2-200-01   VALUE MUST BE A - F **OR** BLANK.

Relational Edits

Related to Element	Edited Element Relationship	Also Relates to Element(s)
TYPE OF SUBMISSION	SEE BELOW	

Edited Element Relationship

2-200-02R	IF TYPE OF SUBMISSION	A, B, **OR** F
	REASON FOR ADJUSTMENT MUST =	A - F
	IF TYPE OF SUBMISSION	D, I, R, **OR** O
	REASON FOR ADJUSTMENT MUST =	SPACE.
	IF TYPE OF SUBMISSION	C **OR** E
	REASON FOR ADJUSTMENT MUST	D - F.

Element Name:　　　**Special Processing Code (2-202)**

Validity Edits

2-202-01,	OCCURRENCE NUMBER 1
2-202-02,	OCCURRENCE NUMBER 2
2-202-03	OCCURRENCE NUMBER 3 VALUE MUST BE IN RANGE 0 - 9, BLANK, A, B, C, E THROUGH O, Q THROUGH Z, !, @, #, $ &, %, ?, PO, *, BD, AD, ST, **OR** *WR*.
2-202-04	A VALUE CANNOT BE CODED MORE THAN ONCE (EXCEPT BLANK).

Relational Edits

	Related to Element	Edited Element Relationship	Also Relates to Element(s)
2-140-14R,	NAS EXCEPTION REASON	SEE BELOW	PATIENT ZIP CODE
2-145-14R,	PATIENT COPAYMENT/ COINSURANCE		TYPE OF SERVICE,PROVIDER PARTICIPATION INDICATOR
AND			
2-145-15R	FI/CONTRACTOR NUMBER	SEE BELOW	
2-235-06R	PROVIDER MAJOR SPECIALTY	SEE BELOW	
2-100-05R	PATIENT ZIP CODE		
	PROCEDURE CODE	SEE BELOW	
	SPONSOR STATUS	SEE BELOW	
	SPONSOR BRANCH OF SERVICE	SEE BELOW	
	PROGRAM INDICATOR	SEE BELOW	
	SPECIAL PROCESSING CODE (OCCURRENCES)	SEE BELOW	
	FILING DATE	SEE BELOW	
	PROVIDER STATE **OR** COUNTRY CODE	SEE BELOW	
	BEGIN DATE OF CARE	SEE BELOW	
	FI/CONTRACTOR NUMBER	SEE BELOW	
	DENIAL REASON CODE	SEE BELOW	
	PATIENT RELATIONSHIP TO SPONSOR	SEE BELOW	

Element Name: **Special Processing Code (2-202) (Continued)**

	AND		
	PROGRAM INDICATOR MUST =	D	DRUG
2-202-20R	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE	?	AMBULATORY SURGERY FACILITY CHARGE
	SPECIAL RATE CODE MUST =	R	AMBULATORY SURGERY FACILITY PAYMENT RATE
		S	DISCOUNTED AMBULATORY SURGERY FACILITY PAYMENT RATE
	OR		
	PRICE CODE MUST BE	C	AMBULATORY SURGERY - FACILITY PAYMENT RATE
		D	DISCOUNTED AMBULATORY SURGERY - FACILITY PAYMENT RATE
		E	AMBULATORY SURGERY - PAID AS BILLED
		P	CHAMPUS CLAIMCHECK-ADDED PROCEDURE, AMBULATORY SURGERY-FACILITY PAYMENT RATE
		Q	CHAMPUS CLAIMCHECK-ADDED PROCEDURE, DISCOUNTED AMBULATORY SURGERY-FACILITY PAYMENT RATE
		R	CHAMPUS CLAIMCHECK-ADDED PROCEDURE, AMBULATORY SURGERY-PAID AS BILLED
	AND AMOUNT ALLOWED > 0		
2-202-21R	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE	PO	
	ENROLLMENT STATUS MUST =	U	MANAGED CARE SUPPORT - PRIME
		E	MCS - TRICARE - PRIME
		K	MCS - CA/HI ENROLLED
		O	NEW ORLEANS PRIME
	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE	AD	ACTIVE DUTY CLAIMS
	ENROLLMENT STATUS MUST =	W	ACTIVE DUTY - USA
		X	ACTIVE DUTY - EUROPE
2-202-22R	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE	AD	ACTIVE DUTY
	PATIENT RELATIONSHIP TO SPONSOR MUST =	ʋ	SPONSOR
	AND SPONSOR STATUS MUST =	A	ACTIVE DUTY
		B	RECALLED TO ACTIVE DUTY
		J	ACADEMY STUDENT/NAVY OCS

Element Name: **Special Processing Code (2-202) (Continued)**

N	NATIONAL GUARD
Q	PRISONER/APPELLATE
V	RESERVE
T	FOREIGN MILITARY (NATO)

2-202-23R IF ((ANY OCCURANCE OF PROCEDURE CODE = 33010-37799, 92950-92996 AND

BEGIN DATE OF CARE ≥ MARCH 1, 1997 AND

PATIENT ZIP CODE IS IN EISENHOWER ARMY MEDICAL CENTER 200 MILE CATCHMENT AREA) OR

(ANY OCCURANCE OF PROCEDURE CODE = 33400-33690, 92975-92996 AND

BEGIN DATE OF CARE ≥ OCTOBER 1, 1997 AND

PATIENT ZIP CODE IS IN KEESLER MEDICAL CENTER 200 MILE AREA))

THEN ONE OCCURANCE OF SPECIAL PROCESSING CODE MUST = 'ST'.

2-202-24R IF ANY OCCURANCE OF PROCEDURE CODE = 47133, 47135 OR 47136

AND BEGIN DATE OF CARE ≥ MARCH 1, 1997

AND PATIENT ZIP CODE IS IN THE 48 CONTIGUOUS UNITED STATES AND THE DISTRICT OF COLUMBIA

THEN ONE OCCURANCE OF SPECIAL PROCESSING CODE MUST = 'ST' UNLESS NAS EXCEPTION REASON = O OR K.

2-202-25R IF ANY OCCURANCE OF PROCEDURE CODE = 33010-36414, 36416-37799

AND BEGIN DATE OF CARE ≥ OCTOBER 1, 1997

AND PATIENT ZIP CODE IS IN THE WALTER REED ARMY MEDICAL CENTER (WRAMC) <u>OR</u> THE NATIONAL NAVAL MEDICAL CENTER (NNMC) 200 MILE AREA

THEN ONE OCCURANCE OF SPECIAL PROCESSING CODE MUST = 'ST'

2-202-26R *IF ANY OCCURANCE OF PROCEDURE CODE = 'WR'*

FI/CONTRACTOR NUMBER MUST = 07 (REGIONS 7 AND 8)

Element Name: **Procedure Code (2-290) (Continued)**

E	CANCELLATION NON-HCSR DATA

OR

TYPE OF SUBMISSION	A	ADJUSTMENT
	C	COMPLETE CANCELLATION

WITH FILING DATE OLDER THAN NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE

THEN AMOUNT ALLOWED BY PROCEDURE CODE MUST BE ≤ ZERO,
   UNLESS OVERRIDE CODE = Z (ENHANCED BENEFIT)

2-290-06R   PROCEDURE CODE MUST BE CONSISTENT WITH PATIENT SEX. IF NOT CONSISTENT, THE INCONSISTENCY MUST BE SUPPORTED BY THE APPROPRIATE OVERRIDE CODE: IF PROCEDURE CODE = MALE (AND **NOT** FOR CIRCUMCISION AND PRINCIPAL/SECONDARY TREATMENT DIAGNOSIS IS NOT FOR DELIVERY) AND PATIENT SEX = FEMALE, OVERRIDE CODE MUST = H; IF PROCEDURE CODE = FEMALE AND PATIENT SEX = MALE, OVERRIDE CODE MUST = G.

2-290-07R   PROCEDURE CODE MUST BE CONSISTENT WITH DATE OF BIRTH (AGE). PROCEDURES WHICH ARE RESTRICTED TO CERTAIN AGE GROUPS (i.e., NEWBORN) MUST BE VALID FOR THE PATIENT'S AGE. IF NOT CONSISTENT, THE INCONSISTENCY MUST BE SUPPORTED BY THE USE OF OVERRIDE CODE 'R'.

2-290-08R   IF PROGRAM INDICATOR = D (DRUG)
   PROCEDURE CODE MUST BE = 98800.

2-290-09R   IF PRICING CODE =.

	6	MEI ADJUSTED PREVAILING PRICE, PRIMARY CARE
	K	CHAMPUS CLAIMCHECK-ADDED PROCEDURE, MEI ADJUSTED PREVAILING PRICE, PRIMARY CARE

PROCEDURE CODE MUST BE MEI PRIMARY PROCEDURE CODE

2-290-10R   IF PROCEDURE CODE = 06896, 98320, 98550, 98551, 98552, 98553, 98554, 98555, 98556, 98557, 98558, **OR** 98559;
   PROGRAM INDICATOR MUST = "H" (PROGRAM FOR PERSONS WITH DISABILITIES)

2-290-11R   IF TYPE OF SERVICE ="I" (INPATIENT)
   PROCEDURE CODE MUST NOT BE FOR OUTPATIENT ONLY CARE.

2-290-12R   *IF PROCEDURE CODE = 90892, 90893, 90894, 90895, 90896, **OR** 90897*

   SPECIAL PROCESSING CODE MUST
   =   *WR   MENTAL HEALTH WRAPAROUND DEMONSTRATION*

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*1   **USE PROCEDURE CODE DATABASE FOR TABLE OF PROCEDURE CODES THAT ARE NOT AN ALLOWABLE BENEFIT. SEE EDIT 2-290-03R***